|  |  |   | B            | EST A                              | VAII              | ABLE C           |                     |                        |       |                |  |                  |  |
|--|--|---|--------------|------------------------------------|-------------------|------------------|---------------------|------------------------|-------|----------------|--|------------------|--|
|  | *  |   |              |                                    |                   | C                | UPY A               | pplication             | or D  | ocket Num      | ber  |                  |  |
|  | PATENT A   | an 109/705772                             |              |                                    |                   |                  |                     |                        |       |                |  |                  |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) |  |   |              |                                    |                   |                  |                     | SMALL ENTITY TYPE O    |       |                | OTHER THAN                                       |                  |  |
| TO   | TAL CLAIMS   |   | 17           |                                    |                   | - :              | RATE                | FEE                    | )<br> | RATE           | FEE  |                  |  |
| FC   | R  |   | NUMBER       | FILED                              | NUMB              | ER EXTRA         | BASIC FEE           | 355.00                 | OR    | BASIC FEE      | 710.00   |                  |  |
| το   | TAL CHARGEA  | BLE CLAIMS                                | /3 min       | ius 20= *                          |                   |                  | X\$ 9=              |                        | OR    | X\$18=         |  |                  |  |
| INE  | EPENDENT CL  | AIMS                                      | 3 mil        | nus 3 =                            |                   |                  | X40=                |                        | OR    | X80=           |  |                  |  |
| ML   | LTIPLE DEPEN   | DENT CLAIM PI                             | RESENT       |                                    |                   |                  | 405                 | <u> </u>               |       | .070           |  |                  |  |
| + 12   | the difference   | in column 4 in                            | lone than == | ra anta-1                          | 40° in a          | olumn C          | +135=               |                        | OR    |                |  |                  |  |
| IT.  |  | in column 1 is                            |              |                                    |                   | wiumn 2          | TOTAL               | <u> </u>               | OR    | TOTAL          | 710  |                  |  |
| 2  | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) |   |              |                                    |                   |                  |                     | ENTITY                 | OR    | OTHER<br>SMALL |  |                  |  |
| AMENDMENT A                                    |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | !            | HIGHE<br>NUMB<br>PREVIOU<br>PAID F | ST<br>ER<br>USLY  | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE           | ADDI-<br>TIONAL<br>FEE                           |                  |  |
| N N  | Total  | . //                                      | Minus        | 20                                 |                   | =                | X\$ 9=              |                        | OR    | X\$18=         |  |                  |  |
| AME  | Independent  | • 4                                       | Minus        | 3                                  | 01.014.0          | =4               | X40=                |                        | OR    | X80=           | 88.00  |                  |  |
| _  | FIRST PRESE  | NTATIÓN OF MI                             | JUIPLE DEF   | PENDENT                            | CLAIM             |                  | +135=               |                        | OR    | +270=          |  | $\rho_{\rm col}$ |  |
|  |  |   |              |                                    |                   |                  | TOTAL               |                        | OR    | TOTAL          | 89.00  | P\$ 11/1         |  |
|  |  | (Column 1)                                | •            | (Colum                             | ın 2)             | (Column 3)       | ADDIT. FEE          | <u> </u>               | J~.,  | ADDIT. FEE     |  | ,                |  |
| DMENT 8  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGHE<br>NUMB<br>PREVIO<br>PAID F  | ST<br>ER<br>USLY  | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE           | ADDI-<br>TIONAL<br>FEE                           |                  |  |
|  | Total  | •   | Minus        | **                                 |                   | =                | X\$ 9=              |                        | OR    | X\$18=         |  |                  |  |
| AMEN   | independent  | •   | Minus        | ***                                |                   | =                | X40=                |                        | 1     | You            |  | •                |  |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM               |   |              |                                    |                   |                  |                     |                        | OR    |                | <del>                                     </del> |                  |  |
|  |  |   |              |                                    |                   |                  | +135=               |                        | OR    | +270=          |  |                  |  |
|  |  |   |              |                                    |                   | •                | TOTAL<br>ADDIT, FEE |                        | OR    | ADDIT. FEE     |  |                  |  |
|  |  | (Column 1)                                |              | (Colum                             | ın 2)             | (Column 3)       |                     |                        |       |                |  |                  |  |
| DMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGHE<br>NUMB<br>PREVIO<br>PAID F  | ST<br>BER<br>USLY | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE           | ADDI-<br>TIONAL<br>FEE                           |                  |  |
| 8  | Total  | •   | Minus        |                                    |                   | =                | X\$ 9=              |                        | 00    | X\$18=         |  |                  |  |

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

Minus

" If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR ADDIT. FEE ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (Rev. 8/00)

Independent

OR

OR

X40=

+135=

X80=

+270=

TOTAL